2014 Bison Round-Up

This is Waiver and Release for participation in a Utah Division of State Parks and Recreation sponsored event or program.

Description of event or program: 2014 Annual Bison Roundup.

Injury may result from your participation in this event/program. Additionally, property damage or loss may occur. You are expected to familiarize yourself with the rules of conduct for the event/program as well as Utah Division of State Parks and Recreation policies. You are expected to follow proper operating procedures including safety procedures, plus any directions given by an authorized park or event/program coordinator employee.

The undersigned, being at least eighteen years of age, and in consideration of participation in a State Parks event/program as described above (hereinafter event/program@), does hereby agree to this waiver and release.

I do hereby agree to assume all risks which may be associated with or may result from, my participation in this event/program, including but not limited to the actual course of activities or while using the facility, parking lots, transportation or access to State Parks facilities and recreation sites.

I recognize that participation in the event/program may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that I am free from any known heart, respiratory or other health problems that could prevent me from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that I receive. I agree to release the State of Utah, Utah Division of State Parks and Recreation and its agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from the cost of any medical care that I receive as a result of participation in the event/program.

I further agree to release the State of Utah, Utah Division of State Parks and Recreation and its agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my participation in the event/program. This release extends to any claim made by my family, estate, heirs, or assigns arising from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly give	ven, in the event	of injury, for an	ry emergency aid	, anesthesia	and / or
operation, if in the opini	on of the attendir	ng physician, suc	h treatment is ned	cessary.	

· ·	and the contents of the foregoing language and I ticipation in the above stated event/program.
Name	Date

Signature_____